APR - 3 2008 25

ne of Beneficiary By in:	sured				MetLife
s form only if the insured is th ot use this form for a Joint Life Po se Print or Type information.	e Policyowner. olicy. Survivors	hip Whole Life Policy,	or to change the	beneficiary of a rider	Customer Service Conservation
cy Number(s) 9	06 3.	30 155	711		
ed PEQ9	4 60	DMAN			
s your name changed? If so, che	ck reason:	Marriage Divorce	□ Correction	□ Naturalization	Court Orde
nt new name:	J. 100001				(Lari) (Suffix)
(Praffy) (First)		(Mid			(Carrier)
voke any previous designation of ement (optional income plan) that	Beneficiary and t applies to any	Contingent Beneficia amount payable unde	ry under the abo er the policy in th	ve policy and any pro e event of my death.	evious election of an optional mode of
I name the following Revocable	Beneficiary(ie	s) to receive any amou	ınt payable under		int of my death:
vidual's Namo Prefix First MS - TARIS	5 <i>H</i>	Middle VHITE	MORRI	Suffix	Share % (Leave blank for equal distribution)
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you wish to designate more tha ccommodate this request.	n 4 Revocable	Beneficiaries, contac	t the MetLife Be	neficiary & Ownersh	ip Unit for a form which can be used t
nitial form here <u>and</u> sign on last	page ———	Insured's Init	ials .	3/29/0	6.
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EXHIBIT

Legion Legion

906 330 155 7L Insured Policy Number(s)

If all the Beneficiaries named above shall predecease me, I name the following Revocable Contingent Beneficiary(les) to receive any amount payable under the policy in the event of my death:

ndividuzi's Namo Prelix	Rrst .	Middle	last	Suffix	Share % (Leave blank for equal distribution)			
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Duamesa i none di Lici. (mara than E Daymanh	la Contingent Renefic	laries, contact the	MetLife Beneficiary	& Ownership Unit for a form which c			
be used to accommodat	moto man o novocau o thic romact	io duitingent banoist						
DA AZAN IO RECONTRIBURA	o mus radaner	(1) £	1	2/29/2				

Initial form here and sign on last page

Insured's Initials

3/2/106 Date

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Page 2 of 3, incomplete without page 1 and 3

Policy Numbe	r(s) <u>90</u>	6	330	155	なし	Insured	Pe	3 994	600.	bm Ar)
C. 🗆	of birth of all	arriage o existing included	of the Insured a children are to as continuent	nd said spou be listed in beneficiary, i	red is named as ise are to be inclu Section B (above must be named l	ided as conti i). Any child i n Section B.	not born of	the marria	ige of the In	sured and sa	id spouse,
Lagree that ar	v decision Mel	i He mak	es in determini	no unnamed	contingent benefit	iciaries based	upon writte	en evidenc	e acceptable	to MetLife, w	fill be final
If multiple Be specified. If b who shall pre	neficiaries or ox C (above) i decease me w	Continge s checke il be divi	nt Beneficiaries d, the shares o ded among the estate	are named of all conting surviving be	above, payment ent beneficiarles eneficiaries in pro	will be made shall be equa portion to the	in equal s 1. The shar dr interest,	shares or a re of any B , with all to	II to the sui eneficiary of the survivo	vivor, unless Contingent I r. If there is n	otnerwise Beneficiary
Any payment	by MetLife in	good fait	h pursuant to t	he foregoing	designation shal	l fully discha	ge MetLife	of its liabi	lity under th	e policy	
I understand	that this chang	e shall b will he e	e binding on M Hective as of th	etLife only af le date sione	ter it has been red d below.	orded and file	ed in the Me	etLife Hom	e Office of C	ustomer Serv	
request that the noticy do	MetLife may in es not contain	its disci a benefi	retion waive an ciary provision	y such prove , that MetLife	beneficiary must sion requiring end a may pay any am	ount payable	upon my d	death in ac	cordance wi	nis form, I co nsent and req th this directi	onsent and puest that if on.
					oth pages of this	form and tha	it i am in a(greement v	YILLI II.		
MetLife mea	ns the Metropo	olitan Life	e Insurance Col	mpany or any	y of its affiliates.		_				/
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business rii	DUE OF EVE!										

Submitting Sales Office/Number/Agency

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